

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097622253** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1	1									
2				1			51					
3				1			52					
4				1			53					
5				1			54					
6				1			55					
7				1			56					
8				1			57					
9				1			58					
10				1			59					
11				1			60					
12				1			61					
13				1			62					
14				1			63					
15				1			64					
16				1			65					
17				1			66					
18				1			67					
19				1			68					
20				1			69					
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41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.				1			100					
TOTAL DEP.			23									
TOTAL CLAIMS			23									